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ABSTRACT

The paper discusses issues involved in providing sex education to the mentally retarded. Research is reviewed which cites the need for and desirability of sex education, including enhancing socialization, fostering sound personality development, teaching sexual appropriateness in terms of time and place, allowing for emotional and physical release, and decreasing the probability of sexual exploitations. Arguments agains sex education are seen to include concerns regarding teaching attitudes and values, training of instructors, encouraging of premature sexual sophistication, and invading the privacy of the family. The author concludes that sex education is an important part of normalization. (CL)

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THE ASPIRATIONS AND DILEMMAS INVOLVING SEX EDUCATION FOR THE MENTALLY RETARDED

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"The large population of mental retardates is going to get educated in the area of sex or sexuality in some way. The question is: not whether a child should have sex education, but who is going to give it and how it is to be given. Another question is, do we want children to gain or gather this knowledge indiscriminately as many of us did-with misinformation, dirty information, myths, or wild fantasies, or do we want to direct the information they receive in a wholesome way? This is part of our responsibility- to socialize the child, to train the child so that living, just plain living, is not difficult, is not filled with guilt feelings and deep apprehension or confusion about themselves as sexual beings." (Rubin,1969)

Definition of Sex Education

Sex education is at the very core of our personality identity. Sexual identity is at the base of our self image. One's sex education begins with one's parents at birth, or actually when the pregnancy is first known about. Colors, and furniture are chosen, our names are given according to our sex, toys are bought accordingly. We are often conditioned by parental stereotypical roles. Our sex identifies our gender, anatomy and physiology. (Schiller,1973)

Sex education is basically the education of one's sex and all that revolves around it. This is true for both the "normal" populations and the "handicapped" populations, a designation including mental retardation which will be discussed in this paper. Sex is what a person is, not what he does. Therefore sex education must be presented in a manner in which it encompasses the interactions of our sexuality both biologically, psychologically and socially.

Application of Sex Education to the Mentally Retarded

More and more, the rights of the mentally retarded are being defined and safeguarded through legislations such as PL 94-142 which assures an appropriate education to all handicapped, and as associations such as National Associations for Retarded Citizens continue to push laws through and establish guidelines and policies. It becomes the responsibility of the schools and teachers to assist in preparing these students for as "normal" a life as possible within society; an area that has been overlooked in the education of both the handicapped and the normal students is that of sex education.

With improved educational programs now mandated for retarded youngsters there will be a greater liklihood of their obtaining gainful employment; with greater opportunities for financial independence and socialization, the possibility of marriage and children increases. Therefore it is imperative that sex education be implemented to help the retarded to make decisions including whether to raise families or not. It is understood that the mentally retarded have limited intellectual functioning and therefore need special guidance to understand sex and their own sexuality.

What are the attitudes of the mentally retarded concerning sex? Just as with anyone, the attitudes vary, and are shaped by culture, religion, experience etc. Sex education must direct itself at the areas of emotional maturity, personality development, and social adjustment. It is therefore necessary that a program of sex education involve information pertaining to the social and emotional problems the retarded will encounter during their lives, not just the presentation of biological factors.

The Pros of Sex Education

Spurr's (1976) reasons for providing sex education to the mentally retarded include: 1. by ignoring the sexuality of the mentally retarded it will not disappear; it is believed by some that sex should be viewed as a healthy function of one's body, and by educating the retarded in this area we are helping to foster a more sound personality development; 2. Interpersonal development is also imperative in the mentally retarded as with the normal person and sex education will benefit this development; 3. Studies have shown that sensory deprivation and lack of physical closeness does interfere with the whole socialization process, therefore these vital aspects of one's life must not be overlooked because of one's

mental capacities. And lastly, it is imperative that the mentally retarded be taught sex education in terms of assisting them in making responsible choices in regards to their sexual practices.

Indecent exposure and masturbation in public have been the reasons for a disproportionate number of arrests of retardates. (Meyerowitz,1971) Sex education can assist in teaching the sexual mores of society as to what is appropriate and inappropriate in public and private. These arrests do not show that the retardates are sexually deviant, but rather that they do not have an understanding of sexual appropriateness in terms of time and place. This again is a vitally important reason for teaching sex education to the mentally retarded.

Proponents of sex education (Karmel,1970) emphasize the need for instruction aimed at dealing with promiscuity, illegitimate births, and the guilt and anxiety associated with sex. However, Karmel feels that promiscuity is not caused by ignorance, but rather by one's emotional-social sexual conduct which was-and is-affected by parent-child relations, culture and peers. It is possible to cause harm to a child by not informing him of his bodily functions, including those related to reproduction. Imagine the fear of a female when she first finds blood and does not understand why. Trauma and confusion might be avoided if exposure to sex education comes before, rather than after, a sexual experience or situation.

Reasons for teaching sex education to the mentally retarded, above and beyond those for teaching it to the normal student include the fact that many of the retarded lack knowledge, but when trying to find an answer they do not know where or to whom to go to for help. Inclusive in this is the reading level of the retarded and their limited capacity to locate pertinent information and then understand it. Another factor

cited is that few will have friends in their peer groups that are able to share information. Deficiency in reasoning abilities will hinder the retarded in distinguishing facts from myths. Unfortunately, as has been discussed, many of the retarded are not taught to interact appropriately as they grow older; indiscriminate hugging and kissing are often considered "cute". This giving of indiscriminate affection compounded by limitations in their ability to predict consequences of their behavior- frequently causes them to be a target for sexual exploitation. (Kempton, 1975)

Other reasons include: some parents from secure and relatively well-adjusted families have conveyed the feelings that "My child is an entitled as anyone to a natural sex life. He has the same needs for physical release and emotional closeness..."(Goodman,1972) But in order for this to occur one must be educated concerning his sexuality. Gordon (1971) discusses the issue of relieving the anxieties brought on by thoughts of a sexual nature because of the guilt of having these thoughts. Here again is a reason for sex education that deals with the emotional adjustment of the retarded, a most definite concern.

Why are there such concerns for sex education for the exceptional child? Is it that he is more likely to act on sexual impulses? A prejudice is associating bad sexuality, violence, craziness and handicaps. And do pregnancies, VD, rapes and sexually deviant acts occur more in the population of exceptional children than normal children? These are questions and statements discussed by Blom (1971). It is his belief that yes, there is a need for sex education for the exceptional, in order to assist in avoiding stereotypes and generalizations such as those mentioned above,

but the procedure for imparting this information is vital and if the teachers and professionals have these prejudices or misgeneralizations mentioned above, the information given will not be fostering rational beliefs and actions. The instructor must have a certain degree of comfort, the guidelines must be re-evaluated, not based on what teachers think children want to know, and that any child who does not want to participate or whose parent wishes him not to participate should have that right.

This brings us to the issue of those parents who do not wish for their retarded children to participate in a sex education course. Just what are some of the reasons for this, from both parents and professionals?

The Cons of Sex Education

Sex education is defined as meaning more than instruction in this basics of sexual anatomy and reproduction. It must also include instruction and training to help form attitudes, values and ideals in relation to sex, and to assist in shaping one's behavior in regard to these attitudes, values and ideals. Karmel (1970) believes that we cannot teach sex education in the schools as that is analogous to teaching religious education. He defends this position by saying that as in the case of religion, there is no general attitude toward sex which laypeople and professionals could agree upon and that since sex education may convey many different philosophies and feelings, school personnel cannot instruct in an area characterized by evasive attitudes and values.

Other concerns posited by Karmel relate to those persons instructing in sex education. These concerns include the selectism and training of instructors as well as their sexual attitudes, some of which might- if imparted to children- be detrimental.

It is his feeling that sex information instruction should be interwoven into other curriculum areas, not set aside as a special unit and that only certain topics be discussed, such as conception, gestation, birth and nursing with a discussion of the reproductive organs, menstruation, abortion and contraception at the appropriate age levels. The topic of dating procedures should be deleted and the teacher must guard against imparting any personal values or attitudes.

Many parents feel that sex education will lead children to premature sexual sophistication; and in doing so will take a risk. (Hoyman, 1974) Whereas, a child psychiatrist feels that only teaching to the facts involved in sex education, rather than also directing the program towards the human attitudes of intimacy and sharing, personal attachments and love may make sex meaningless and therefore encourage promiscuity. One wonders if this theory doesn't give reasons for the promiscuity apparent in many homes and institutions for the mentally retarded.

There have been suits brought against school boards by groups of parents and children regarding the issue of sex education. One such suit claimed that teaching sex education would be an invasion of privacy. Parents were concerned that the children might be tempted to divulge the activities and conversations of the family. (Nolte,1973) In another instance, parents believed that their right as guaranteed by the Ninth Amendment, was being violated. The Ninth Amendment protects the right of the parents to regulate what their children are taught in the public schools. These parents were concerned that the attitudes and ethical

precepts that might have been instilled in their children.(Nolte,1973) However, of the cases cited and numerous others, the courts have usually upheld the school boards or boards of education.

Balester (1971) states that the area of retardation has enough ambiguities in it without adding another area,i.e., sex education, that is uncertain in its methodology and has unproved results. He defends this opinion by citing a study wherein there was no data to prove that participation in a sex education course for the retarded brought about any changes in the child.

I have found both from personal experience and research that the majority of people against sex education do not differentiate between the normal or handicapped student, but rather they are against the concept as a whole. One such case last year in my class involved a retarded adolescent male whose parents chose not to let him participate in the sex education course although the boy wished to. Their reasoning was that they were Catholic and did not believe in birth control or masturbation and therefore did not want their son made aware of them.

Conclusion

It is clear from the literature that there is a definite movement towards sex education for the mentally retarded. Of those authors mentioned in this paper as well as others, most were concerned with stipulations regarding the teaching of sex education as opposed to the few who adamantly rejected the concept in general. The area that seems to cause the greatest concern in sex education is that the teaching process might be a vehicle whereby personal attitudes and values are conveyed.

However, the actual procedures and tools to teach sex education to the retarded is not of concern in this paper. One must decide what their approach will be in the instruction of sex education and convey that to the parents and others involved. It will basically be a more individualized decision, rather than a nationwide decision. It is my hope though that educators and professionals will not become bogged down in rhetoric and semantics, but will design their programs and begin to institute them. It is vitally important today to begin preparing the retarded for as normal a life as possible within society, and an important area is that of sex education.

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